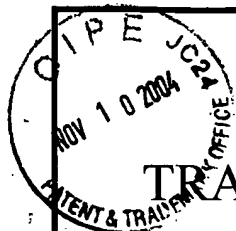


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TRANSMITTAL
FORM

Application Serial Number	09/871,180
Filing Date	May 31, 2001
First Named Inventor	Tetreault
Group Art Unit	2113
Examiner Name	Maskulinski, M.
Attorney Docket No.	SRT-016

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check Attached (\$430.00) <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final (17 pgs.) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Petition for Two Months Extension of Time (1 pg.)	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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Technology Center 2100

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Jason P. Fiorillo
Attorney for the Applicant
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: November 10, 2004
Reg. No. 52,892
Tel. No.: (617) 310-8471
Fax No.: (617) 248-7100



FREE TRANSMITTAL
FY 2005

Complete if Known

Application Serial Number	09/871,180
Filing Date	May 31, 2001
First Named Inventor	Tetreault
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Examiner Name	Maskulinski, M.
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METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check (\$430.00) ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

Fee (\$)	Fee Description	Fee Paid
790	Utility filing fee	
350	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 88.00 =

☐ Multiple Dependent Claim(s), if any \$300.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 0.00

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
-------------------------------	---------------------------------	---------------	------	----------

Total - = x \$ 18.00 =

Indep. - = x \$ 88.00 =

☐ First Presentation of Multiple Dep. Claim + \$300.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
430	215	Extension for reply within second month	\$430.00
980	490	Extension for reply within third month	
1530	765	Extension for reply within fourth month	
2080	1040	Extension for reply within fifth month	
340	170	Notice of Appeal	
340	170	Filing a brief in support of an appeal	
340	170	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

SUBTOTAL (3) (\$) 430.00

SUBTOTAL (1) \$0.00

SUBTOTAL (2) \$0.00

SUBTOTAL (3) \$430.00

TOTAL (\$) 430.00

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Direct all correspondence to:

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